

B6F (Official Form 6F) (12/07)

In re **Rebecca Ann Tolli**Case No. **2:13-bk-59976**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>-xxxxxx0781</b>  <b>Acs</b> <b>501 Bleecker St</b> <b>Utica, NY 13501</b>			<b>Opened 10/06/08</b>  <b>Student Loan</b>				<b>0.00</b>
Account No. <b>unknown</b>  <b>Adela Estopinan</b> <b>8201 Peters Road</b> <b>Suite 1000</b> <b>Fort Lauderdale, FL 33324</b>			<b>unknown</b>  <b>Unsecured</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>xxxxxxxxxxxx0001</b>  <b>Aes Educ Funding South</b> <b>Po Box 2641</b> <b>Harrisburg, PA 17105</b>			<b>Opened 6/19/06 Last Active 9/01/13</b>  <b>Student Loan</b> <b>POC FILED</b>				<b>11,280.46</b>
Account No. <b>unknown</b>  <b>Apprisen Financial Advocates</b> <b>4500 East Broad Street</b> <b>Columbus, OH 43213</b>			<b>unknown</b>  <b>Unsecured</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Subtotal (Total of this page)							<b>11,280.46</b>

16 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxxxxxxxxxxx0360	-		Opened 8/18/99 Last Active 7/31/09				0.00	
Aspire/Cb&T 9 Mutec Dr Columbus, GA 31907			Unsecured					
Account No. xxxxxxxxxxxx3423	-		Opened 4/26/06 Last Active 9/16/13				2,958.85	
Barclays Bank Delaware 125 S West St Wilmington, DE 19801			Unsecured POC FILED					
Account No. xxxxxxxxxxxx7936	-		Opened 12/12/05 Last Active 2/01/13				0.00	
Beneficial/Hfc Po Box 9068 Brandon, FL 33509			Unsecured NOTICE ONLY					
Account No. -xxxxxx0781	-		Opened 10/01/08				0.00	
Brazos 501 Bleecker St Trustee Utica, NY 13501-2498			Student Loan					
Account No. xxxxxxxxxxxxxx9142	-		Opened 10/27/99 Last Active 9/14/13				2,256.00	
Cap One Po Box 85520 Richmond, VA 23285			Unsecured					
Sheet no. 1 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,214.85

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In re **Rebecca Ann Tolli**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxxxxxxxxxxx8928		-	Opened 3/23/07 Last Active 9/14/13				381.00	
Cap One Po Box 85520 Richmond, VA 23285			Unsecured					
Account No. xxxxxxxxxxxx6881		-	Opened 10/17/01 Last Active 3/01/04				0.00	
Cap One Na Po Box 26625 Richmond, VA 23261			Unsecured NOTICE ONLY					
Account No. xxxxxx-xxxxxx2375		-	Opened 12/16/11 Last Active 1/18/13				790.85	
Cap1/Bstby 26525 N Riverwoods Blvd Mettawa, IL 60045			Unsecured POC FILED					
Account No. xxxxxx6117		-	unknown				655.74	
Century Link PO Box 4300 Carol Stream, IL 60197			Unsecured					
Account No. xxxxxxxxxxxxxx7109		-	Opened 1/06/06 Last Active 9/16/13				1,831.00	
Chase Po Box 15298 Wilmington, DE 19850			Unsecured					
Sheet no. 2 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,658.59

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx6360</b>  <b>Choice Recovery</b> <b>1550 Old Henderson Rd St</b> <b>Columbus, OH 43220</b>		<b>Opened 1/11/10 Last Active 10/01/11</b>  <b>Unsecured</b> <b>- NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>unknown</b>  <b>Collection Associates</b> <b>PO Box 465</b> <b>Brookfield, WI 53008</b>		<b>unknown</b>  <b>Unsecured</b> <b>- NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>xxxxxxxxxxxx7420</b>  <b>Comenity Bank/Eddiebau</b> <b>995 W 122nd Ave</b> <b>Westminster, CO 80234</b>		<b>Opened 9/28/10 Last Active 10/04/13</b>  <b>Unsecured</b> <b>- POC FILED</b>				<b>254.87</b>
Account No. <b>xxxxx4375</b>  <b>Comenity Bank/Womnwthn</b> <b>4590 E Broad St</b> <b>Columbus, OH 43213</b>		<b>Opened 8/04/09 Last Active 5/17/10</b>  <b>Unsecured</b> <b>- NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>xxxxxx6503</b>  <b>Computer Collections</b> <b>640 West Fourth Street</b> <b>Winston Salem, NC 27113</b>		<b>unknown</b>  <b>Unsecured</b> <b>- NOTICE ONLY</b>				<b>0.00</b>
Sheet no. <b>3</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>254.87</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>unknown</b>		<b>unknown</b>				
<b>Credit Advocates Law Firm LLC</b> <b>3030 N Rocky Point Drive West</b> <b>Suite 150</b> <b>Tampa, FL 33607</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
Account No. <b>xxxx-xxxx-xxxx-9140</b>		<b>unknown</b>				
<b>Credit One</b> <b>PO Box 60500</b> <b>City of Industry, CA 91716</b>	-	<b>Unsecured</b>				
Account No. <b>unknown</b>		<b>unknown</b>				
<b>Direct TV</b> <b>P.O. Box 6414</b> <b>Carol Stream, IL 60197</b>	-	<b>Unsecured</b>				
Account No. <b>unknown</b>		<b>unknown</b>				
<b>Diversified Consultants</b> <b>PO Box 551268</b> <b>Jacksonville, FL 32255</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
Account No. <b>x6176</b>		<b>unknown</b>				
<b>Downtown Endoscopy Center</b> <b>L3251</b> <b>Columbus, OH 43260</b>	-	<b>Medical Bill</b>				
Sheet no. <b>4</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>720.25</b>

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In re **Rebecca Ann Tolli**

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Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. <b>xxx6679</b>		-	Opened 9/10/07 Last Active 10/01/13				13,163.07	
<b>Edfinancial Svcs</b> 120 N Seven Oaks Dr Knoxville, TN 37922			Student Loan POC FILED					
Account No. <b>xxxxxxxxxxxx0003</b>		-	Opened 10/06/08				0.00	
<b>Edfinancial/Ctsfc</b> 120 N Seven Oaks Dr Knoxville, TN 37922			Student Loan					
Account No. <b>xxxxxxxxxxxx0004</b>		-	Opened 5/18/09				0.00	
<b>Edfinancial/Ctsfc</b> 120 N Seven Oaks Dr Knoxville, TN 37922			Student Loan					
Account No. <b>xxxxxxxxxxxx0002</b>		-	Opened 9/10/07 Last Active 10/01/12				0.00	
<b>Edfinancial/Nelnet</b> 120 N Seven Oaks Dr Knoxville, TN 37922			Student Loan					
Account No. <b>xxxxxxxxxxxx0001</b>		-	Opened 6/19/06 Last Active 5/01/13				0.00	
<b>Edsouth W/Jp Morgan</b> 120 N Seven Oaks Dr Knoxville, TN 37922			Student Loan					
Sheet no. <u>5</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	13,163.07

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In re **Rebecca Ann Tolli**

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxx0002</b>  <b>Fed Loan Serv</b> <b>Po Box 69184</b> <b>Harrisburg, PA 17106</b>	-	Opened 5/18/09 Last Active 9/01/13  Student Loan				3,481.00
Account No. <b>xxxxxxxxxxxx0001</b>  <b>Fed Loan Serv</b> <b>Po Box 69184</b> <b>Harrisburg, PA 17106</b>	-	Opened 10/06/08 Last Active 9/01/13  Student Loan				2,412.00
Account No. <b>xxxxx0151</b>  <b>Fifth Third Bank</b> <b>5050 Kingsley Dr</b> <b>Cincinnati, OH 45227</b>	-	Opened 2/27/09 Last Active 7/02/12  Unsecured NOTICE ONLY				0.00
Account No. <b>xxQ210</b>  <b>Financial Recovery Services</b> <b>PO Box 385908</b> <b>Minneapolis, MN 55438</b>	-	unknown  Unsecured NOTICE ONLY				0.00
Account No. <b>xxxxxxxxxxxx1292</b>  <b>Fingerhut</b> <b>PO Box 166</b> <b>Newark, NJ 07101</b>	-	unknown  Unsecured				611.40
Sheet no. <b>6</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>6,504.40</b>

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxx9372</b>		<b>Opened 9/12/00 Last Active 1/06/06</b>				
<b>First Premier Bank</b> <b>601 S Minnesota Ave</b> <b>Sioux Falls, SD 57104</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxxx-xxxx-xxxx-6601</b>		<b>unknown</b>				
<b>First Premier Bank</b> <b>PO Box 5529</b> <b>Sioux Falls, SD 57117</b>	-	<b>Unsecured</b>				
						<b>564.28</b>
Account No. <b>unknown</b>		<b>unknown</b>				
<b>Focus Reveivables</b> <b>1130 Northchase Parkway</b> <b>Suite 150</b> <b>Marietta, GA 30067</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxxxxxxxxxxx3762</b>		<b>Opened 12/16/08 Last Active 9/20/13</b>				
<b>Gecrb/Amazon</b> <b>Po Box 965015</b> <b>Orlando, FL 32896</b>	-	<b>Unsecured</b> <b>POC FILED</b>				
						<b>1,740.69</b>
Account No. <b>xxxxxxxxxxxx5049</b>		<b>Opened 6/17/12 Last Active 9/13/13</b>				
<b>Gecrb/Amer Eagle</b> <b>Po Box 965005</b> <b>Orlando, FL 32896</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Sheet no. <b>7</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,304.97</b>



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In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx2597			Opened 7/08/07 Last Active 9/16/13				652.84
Gecrb/Jcp Po Box 984100 El Paso, TX 79998			-	Unsecured POC FILED			
Account No. xxxxxxxxxxxx6663			Opened 6/29/12 Last Active 11/01/13				69.00
Gecrb/Old Navy Po Box 965005 Orlando, FL 32896			-	Unsecured			
Account No. xxxxxxxxxxxx6007			Opened 11/29/11 Last Active 2/11/13				880.29
Gecrb/Paypal Smart Con Po Box 965005 Orlando, FL 32896			-	Unsecured POC FILED			
Account No. xxxxxxxxxxxx9795			Opened 9/26/12 Last Active 10/01/13				150.00
Gecrb/Toys Po Box 965005 Orlando, FL 32896			-	Unsecured			
Account No. xxxxxxxxx1713			unknown				0.00
Huntington Bank PO Box 182519 Columbus, OH 43218			-	Unsecured			
Sheet no. 8 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,752.13

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx0568</b>		<b>Opened 7/21/00 Last Active 5/01/04</b>				
<b>Huntington National Ba 7 Easton Oval Columbus, OH 43219</b>	-	<b>Unsecured NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>unknown</b>		<b>unknown</b>				
<b>I.C. Systems, Inc 444 Highway 96 East PO Box 64887 Saint Paul, MN 55164</b>	-	<b>Unsecured NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxx xxxxxx A CB1</b>		<b>unknown</b>				
<b>Javitch, Block &amp; Rathbone 1100 Superior Avenue 18th Floor Cleveland, OH 44114-2518</b>	-	<b>Unsecured NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxxx1375</b>		<b>unkown</b>				
<b>JP Recovery PO Box 1022 Wixom, MI 48393</b>	-	<b>Unsecured NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxxxxxxxxxxx2205</b>		<b>Opened 4/02/12 Last Active 11/01/13</b>				
<b>Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051</b>	-	<b>Unsecured</b>				
						<b>270.00</b>
Sheet no. <b>9</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>270.00</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx xx xx5182</b>		<b>unknown</b>				
<b>Licking County Municipal Court</b> <b>40 Weat Main Street</b> <b>Newark, OH 43055</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
Account No. <b>xxxxxxxxxx7936</b>		<b>Opened 8/13/13 Last Active 3/01/13</b>				
<b>Lvnv Funding Llc</b> <b>Po Box 10497</b> <b>Greenville, SC 29603</b>	-	<b>Unsecured</b>				
Account No. <b>xxxxxxx29AZ</b>		<b>unknown</b>				
<b>Masseys</b> <b>PO Box 2822</b> <b>Monroe, WI 53566</b>	-	<b>Unsecured</b>				
Account No. <b>xxxxxxxxxx0620</b>		<b>Opened 6/14/05 Last Active 10/08/13</b>				
<b>Mcydsnb</b> <b>9111 Duke Blvd</b> <b>Mason, OH 45040</b>	-	<b>Unsecured</b> <b>POC FILED</b>				
Account No. <b>xxxxxxx1735</b>		<b>unknown</b>				
<b>Meade &amp; Associates</b> <b>737 Enterprise Drive</b> <b>Westerville, OH 43081-8885</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
Sheet no. <b>10</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>2,068.75</b>

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxx8717</b>			<b>Opened 11/05/02 Last Active 9/14/13</b>				
<b>Merrick Bank Po Box 9201 Old Bethpage, NY 11804</b>		-	<b>Unsecured</b>				
							<b>2,445.00</b>
Account No. <b>xxxxxxxxxxx9116</b>			<b>Opened 11/05/02 Last Active 11/04/12</b>				
<b>Merrick Bank Po Box 9201 Old Bethpage, NY 11804</b>		-	<b>Unsecured NOTICE ONLY</b>				
							<b>0.00</b>
Account No. <b>unknown</b>			<b>unknown</b>				
<b>Money Key 3422 Old Capital Trail Suite 1613 Wilmington, DE 19808</b>		-	<b>Unsecured</b>				
							<b>1,041.00</b>
Account No. <b>xxxxxxxxx2290</b>			<b>unknown</b>				
<b>Montgomery Ward 3650 Milwaukee Street Madison, WI 53714</b>		-	<b>Unsecured</b>				
							<b>244.28</b>
Account No. <b>x9472</b>			<b>unknown</b>				
<b>NCB Management PO Box 1099 Langhorne, PA 19047</b>		-	<b>Unsecured</b>				
							<b>1,568.66</b>
Sheet no. <b>11</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>5,298.94</b>

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Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxx7586</b>		-	unknown			597.42
Office of Attorney General 150 East Gay Street Columbus, OH 43215			Unsecured			
Account No. <b>unknown</b>		-	unknown			1,271.00
Ohio Acceptance 201 Keith Street Suite 80 Cleveland, TN 37311			Unsecured			
Account No. <b>unknownw</b>		-	unknown			0.00
Plaza Services 110 Hammond Drive Suite 110 Atlanta, GA 30328			Unsecured NOTICE ONLY			
Account No. <b>unknown</b>		-	unknown			0.00
Reviver Financial LLC 327 W 4th Ave Hutchinson, KS 67501			Unsecured NOTICE ONLY			
Account No. <b>xxxx3315</b>		-	unknown			86.02
Riverside Methodist Hopsital PO Box 183221 Columbus, OH 43218			Medical Bill			
Sheet no. <u>12</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,954.44</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx1515</b>		<b>unknown</b>				
<b>Riverside Methodist Hopsital</b> <b>PO Box 183221</b> <b>Columbus, OH 43218</b>	-	<b>Medical Bill</b>				
						<b>816.43</b>
Account No. <b>xxxxxxx2018</b>		<b>unknown</b>				
<b>Riverside Methodist Hospital</b> <b>P.O. Box 182141</b> <b>Columbus, OH 43218</b>	-	<b>Medical Bill</b>				
						<b>0.00</b>
Account No. <b>xxxxxx2862</b>		<b>unknown</b>				
<b>Riverside Methodist Hospital</b> <b>P.O. Box 182141</b> <b>Columbus, OH 43218</b>	-	<b>Medical Bill</b>				
						<b>0.00</b>
Account No. <b>xxxx5889</b>		<b>unknown</b>				
<b>Speedy Cash</b> <b>PO Box 780408</b> <b>Wichita, KS 67278</b>	-	<b>Unsecured</b>				
						<b>425.66</b>
Account No. <b>unknown</b>		<b>unknown</b>				
<b>Sprint</b> <b>PO Box 629023</b> <b>El Dorado Hills, CA 95762</b>	-	<b>Unsecured</b>				
						<b>624.00</b>
Sheet no. <b>13</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,866.09</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx41CZ</b>		<b>unknown</b>				<b>140.91</b>
<b>Stoneberry</b> <b>PO Box 2820</b> <b>Monroe, WI 53566</b>	-	<b>Unsecured</b>				
Account No. <b>xxxx8527</b>		<b>unknown</b>				<b>0.00</b>
<b>Tate &amp; Kirlin Associates</b> <b>2810 Southampton Road</b> <b>Philadelphia, PA 19154</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
Account No. <b>xxxxxxxxxxxx7468</b>		<b>Opened 11/09/06 Last Active 9/16/13</b>				<b>1,542.43</b>
<b>Td Bank Usa/Targetcred</b> <b>Po Box 673</b> <b>Minneapolis, MN 55440</b>	-	<b>Unsecured</b> <b>POC FILED</b>				
Account No. <b>xxxxxxxxxxxx2203</b>		<b>Opened 11/11/08 Last Active 9/16/13</b>				<b>902.98</b>
<b>Thd/Cbna Home Depot</b> <b>Po Box 6497</b> <b>Sioux Falls, SD 57117</b>	-	<b>Unsecured</b> <b>POC FILED</b>				
Account No. <b>xxxxx0702</b>		<b>Opened 6/11/13 Last Active 9/01/12</b>				<b>758.00</b>
<b>The Bureaus Inc</b> <b>1717 Central St</b> <b>Evanston, IL 60201</b>	-	<b>Unsecured</b>				
Sheet no. <b>14</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,344.32</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx0702</b>		<b>unknown</b>				
<b>The Capital One Retail Services</b> <b>PO Box 30253</b> <b>Salt Lake City, UT 84130</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>xxxx-xxxx-xxxx-4156</b>		<b>unknown</b>				
<b>Total Visa</b> <b>PO Box 5220</b> <b>Sioux Falls, SD 57117</b>	-	<b>Unsecures</b>				
						<b>269.70</b>
Account No. <b>xxxx6948</b>		<b>Opened 2/06/13 Last Active 4/01/12</b>				
<b>United Collect Bur Inc</b> <b>5620 Southwyck Blvd Ste</b> <b>Toledo, OH 43614</b>	-	<b>Unsecured</b>				
						<b>0.00</b>
Account No. <b>xxxx3102</b>		<b>Opened 10/06/11 Last Active 11/28/11</b>				
<b>United Collect Bur Inc</b> <b>5620 Southwyck Blvd Ste</b> <b>Toledo, OH 43614</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Account No. <b>9142</b>		<b>unknown</b>				
<b>United Recovery Systems</b> <b>PO Box 72229</b> <b>Houston, TX 77272</b>	-	<b>Unsecured</b> <b>NOTICE ONLY</b>				
						<b>0.00</b>
Sheet no. <b>15</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>269.70</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Rebecca Ann Tolli**

Case No. **2:13-bk-59976**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxxxxxxxxxxxx6986</b>			<b>Opened 4/04/06 Last Active 10/04/13</b>				<b>2,179.00</b>
<b>Webbank/Dfs 1 Dell Way Round Rock, TX 78682</b>		-	<b>Unsecured</b>				
Account No. <b>xxxx3205</b>			<b>unknown</b>				<b>0.00</b>
<b>Weltman, Weinberg, &amp; Reis Co., LPA PO Box 93596 Cleveland, OH 44101</b>		-	<b>Unsecured NOTICE ONLY</b>				
Account No.							
Account No.							
Account No.							
Sheet no. <b>16</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>2,179.00</b>
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)							<b>62,104.83</b>

Fill in this information to identify your case:

Debtor 1 Rebecca Ann Tolli

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-59976  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 61

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	<b>Occupation</b>	<u>Customer Service</u>	
	<b>Employer's name</b>	<u>Advanced Billing &amp; Consulting Services I</u>	
	<b>Employer's address</b>	<u>250 East Wilson Bridge Road Columbus, OH 43085</u>	
	<b>How long employed there?</b>	<u>3 weeks</u>	

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,080.00</u>	\$ <u>N/A</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>2,080.00</u>	\$ <u>N/A</u>

Debtor 1 **Rebecca Ann Tolli**

Case number (if known) **2:13-bk-59976**

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> _____	4. \$ <b>2,080.00</b>	\$ <b>N/A</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>520.00</b>	\$ <b>N/A</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>N/A</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>N/A</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>N/A</b>	
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>N/A</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>N/A</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>N/A</b>	
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>520.00</b>	\$ <b>N/A</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>1,560.00</b>	\$ <b>N/A</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>N/A</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>N/A</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>N/A</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>N/A</b>	
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>N/A</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,560.00</b>	+ \$ <b>N/A</b>	= \$ <b>1,560.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____			
		11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <b>1,560.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 Rebecca Ann Tolli

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-59976  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_\_  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 350.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Rebecca Ann Tolli**

Case number (if known) **2:13-bk-59976**

6. <b>Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>50.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>50.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>75.00</b>
6d. Other. Specify: <b>Trash Pick Up</b>	6d. \$	<b>20.00</b>
7. <b>Food and housekeeping supplies</b>		7. \$ <b>200.00</b>
8. <b>Childcare and children's education costs</b>		8. \$ <b>0.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>		9. \$ <b>100.00</b>
10. <b>Personal care products and services</b>		10. \$ <b>50.00</b>
11. <b>Medical and dental expenses</b>		11. \$ <b>50.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.		12. \$ <b>100.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>		13. \$ <b>25.00</b>
14. <b>Charitable contributions and religious donations</b>		14. \$ <b>0.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>100.00</b>
15c. Vehicle insurance	15c. \$	<b>81.00</b>
15d. Other insurance. Specify:	15d. \$	<b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		16. \$ <b>0.00</b>
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>229.01</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify:	17c. \$	<b>0.00</b>
17d. Other. Specify:	17d. \$	<b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify:		\$ <b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
21. <b>Other:</b> Specify: <b>Professional Dues</b>		21. +\$ <b>50.00</b>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		22. \$ <b>1,530.01</b>
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>1,560.00</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>1,530.01</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<b>29.99</b>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain:		